AMENDMENT TRANSMITTAL LETTER					Docket No. 1823-0129PUS1		
Applicatio 10/569,495-C		Filing December			Examiner C. I. Boyer	Art Unit 1796	
Applicant(s): Kaz	zuya HINO et a	l.					
AS Amendment Commissioner for P.O. Box 1450							
Jexandria, VA 22	313-1450						
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	Claims Remaining After	CLAIM Highest Number Previously	S AS AMENI Number Extra Claims	elow.		0.00	
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Total Claims	Claims Remaining After Amendment 6	CLAIM Highest Number Previously Paid - 20 = - 3 =	S AS AMENI  Number Extra Claims Present  0 0	elow. DED	Rate 52.00		
Total Claims Independent Claims	Claims Remaining After Amendment 6 1	CLAIM Highest Number Previously Paid - 20 = - 3 =	d as shown be S AS AMENI Number Extra Claims Present 0 0	DED x	Rate 52.00 220.00		

х	Large Entity	Small Entity

No additional fee is required for this amendment.

х	Please charge Deposit Account No.	02-2448	in the amount of \$	130.00	
	A duplicate copy of this sheet is enclosed.				

A check in the amount of \$ \_\_\_\_\_ is enclosed.

Payment by credit card. Form PTO-2038 is attached.

The Director is hereby authorized to charge and credit Deposit Account No. 02-2448 as described below. A duplicate copy of this sheet is enclosed.

x Credit any overpayment.

X Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.

772 1/20040,064) Dated: April 24, 2009

Attorney Reg. No.: 32,181

BIRCH, STEWART, KOLASCH & BIRCH, LLP